

TANF 801-3	
Department of Public Health and Human Services	Section: TIME LIMITED ASSISTANCE
TANF CASH ASSISTANCE	Subject: TANF Extended Benefit Policy/Procedure

Supersedes: TANF 801-3 (01/01/06)
References: ARM 37.78.102, .201 and .202; ARM 37.5.316 and .505;
45 CFR 264.1(c)

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Section: TIME LIMITED ASSISTANCE

Subject: TANF Extended Benefit
Policy/Procedure**OVERVIEW**

GENERAL RULE—Federal regulations allow states to extend TANF benefits to no more than 20% of the average annual statewide caseload for households that include an adult who has received 60 or more months of TANF cash assistance.

Households will not automatically be evaluated for TANF cash assistance extended benefits. Both OPA and WoRC case managers must not encourage or discourage households submitting an application. It will be incumbent upon each household to request consideration for and comply with the application/eligibility determination process. This request can be verbal.

Workers (OPA and WoRC) must document all requests in TEAMS case notes.

**► OTHER
ASSISTANCE
AVAILABLE**

Extended benefit households may, if otherwise eligible, qualify for:

1. Supportive Service payments (704-1),
2. Block Grant Child Care (901-1); and
3. Work Support Payments (704-2).

**► BASIC
REQUIREMENTS**

Montana will extend TANF cash assistance payments beyond the Federal 60-month limit to households that meet all of the following:

1. apply for extended benefits;
2. are otherwise eligible for TANF cash assistance;
3. there must be at least one adult coded 'IN' on SEPA; and
4. all individuals with an adult/child indicator of 'A' or 'I' and a participation code of 'IN', 'DQ', or 'DP' on SEPA meet one of the following extension reason criteria:
 - a. Physical/Mental Incapacity of Participant (**PMI**);
 - b. Physical/Mental Incapacity of Participant resulting from Domestic Violence (**PMD**);
 - c. Needed in Home - Physical/Mental Incapacity of Household Member requiring Caretaker (**NIH**);
 - d. Domestic Violence (**DMV**); or
 - e. Administrative Issuance (**ADM**).

Monthly benefits will be issued to eligible households according to TANF cash assistance benefit standards. In addition, these households are:

1. subject to all TANF cash assistance eligibility requirements;
2. required to participate in activities from the date of application; **and**
3. subject to all TANF reporting requirements.

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CRITERIA
DETAILED**

PMI Physical/Mental Incapacity of Participant: Either a temporary or permanent mental or physical illness or incapacity that prevents the individual from working any type of job. The participant must provide proof of the illness or incapacity as follows:

1. provide verification they receive disability payments from SSDI also known as SSDIB (coded SS on TEAMS); **or**
2. provide copies of what has already been given to the Social Security office for a pending application or appeal (including a copy of the application and medical verification submitted with the application); **or**
3. complete the "Illness/Incapacity Determination for Extended TANF Cash Assistance" (HCS-176) and provide medical verification such as the 209 "Request for Health/ Employability Evaluation of Extended Benefits" (HCS-209) completed by each medical provider.

PMD Physical/Mental Incapacity resulting from Domestic Violence:

When an individual meets the above criterion for PMI and states the illness or incapacity is the result of domestic violence use the reason code PMD instead of PMI. All the above verification must still be provided.



NOTE: Case managers must provide HCS-209 ("Request for Health/ Employability Evaluation of Extended Benefits") forms to all TANF applicants claiming PMI or PMD. If the adults fail to sign the forms for the case manager to submit to the medical providers it must be documented in TEAMS case notes that the client chose not to use the forms and will provide other medical verification.

NIH Needed in Home - Physical/Mental Incapacity of Household

Member: The participant is needed in the home full-time as the primary caretaker for a household member who has either a temporary or permanent mental or physical illness or incapacity and no other care is available. The participant must provide proof (statement from a physician) of **all** the following:

1. the household member's illness or incapacity;
2. that the household member needs full-time care; **and**
3. the participant is the only person who can provide that full-time care.

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DMV Domestic Violence: The participant is attempting to resolve a current domestic violence situation. A participant may receive extended benefits due to current domestic violence in six-month blocks of time. To qualify for extended benefits using the domestic violence extension reason, the participant must provide proof:

1. of the current domestic violence situation. This evidence can include written statements from other individuals (including but not limited to friends, neighbors, advocates, others), personal records of domestic violence, completed screening guide, police reports, medical records, statement from a service provider, etc.; **and**
2. that the individual has made contact with a domestic violence program, support group, advocate, women's shelter or the Montana Coalition Against Domestic and Sexual Violence (1-888-404-7794).

If the participant has not yet made contact with the domestic violence program, the Case Manager (WoRC or Eligibility) should have the individual complete the Domestic Violence Screening Questionnaire (HCS-326) and make a referral to the local domestic violence program.

NOTE: When the Domestic Violence Screening Questionnaire is completed **and** contact has been made, all conditions are satisfied and the extension packet should be forwarded to central office for determination.

ADM Administrative Issuance: The Administrative Issuance code will be used to report those households, which due to special circumstances, were issued TANF benefits in Montana beyond 60 months. They will be included in the 20% exception group. The administrative issuance code can only be entered by PAB Central Office staff or in a TEAMS auto-population processes.

EXAMPLE 1:

Household applies for benefits on the 20th day of the 59th month. The application is processed and approved on the 20th day of month 60. The Eligibility Case Manager did not include the closure language, including legal cites, in the approval notice. This case must now be closed with timely notice. Central Office must be contacted to enter the ADM code.

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EXAMPLE 2:

Household applies for benefits and has moved from out-of-state. The FA-100 "Out- Of-State Benefit Verification Request" is completed and sent to Carol Carpenter to verify out of state benefits. Household meets all other eligibility criteria so benefits are issued. After the first month of benefits are issued the out-of-state verification reveals that the household has received 65 months of TANF cash assistance in another state. Carol Carpenter enters 60 months of out-of-state benefits on TICU. TEAMS automatically codes the one-month of benefits already issued as an ADM extension month. A repayment is not requested.

NOTE: In both examples the Eligibility case Manager needs to give timely notice of closure and sent the household form **HCS-178** (TANF Cash Assistance Extension Notification/Application Request) informing the household of their right to apply for extended TANF assistance. Please document case notes.

► SANCTIONS

Sanctions for non-compliance with WoRC end when the 60th month is used. Therefore, a household cannot have a penalty month or ineligibility month for their 61st month. Non-compliance with required activities during an extended period results in case closure. Sanction policy in section 702-3 does not apply to extended benefit cases.

WHO MUST BE EVALUATED FOR AN EXTENSION

All adults (coded 'A' or 'I' on SEPA) and a participation code of 'IN', 'DQ', or 'DP' on SEPA in the **family** must meet an extension criterion.

NOTE: Individuals who receive SSI will not need to meet an extension reason criterion, because they are coded 'OU'.

To define "**family**", start with the adult who has received 60 months of benefits. Look at who would have been a required filing unit member as 'IN', 'DQ' or 'DP' with an adult/child indicator of 'A' or 'I' in the 60th month of eligibility as if the **current** circumstances existed then.

NOTE: If there was a minor child included in the assistance unit in the 60th month who was an optional assistance unit member (e.g. niece, etc.), the case cannot be switched to a child only grant after month 60 unless the adult has been approved for SSI.

EXAMPLES

- 1: Jean and her two children, Billy and Bob, received 60 months of assistance. The case closed because Jean did not meet an ext. criterion. Jean has another baby, Ben. She cannot receive a child only grant for Ben because he would have been a required filing unit member had he been in the home in the 60th month.

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- 2: Janet and her child Angie received 60 months of TANF assistance. The case closed because Janet did not apply for an extension. Nine years later Janet applies for a child only grant for her grandchild, Jill. Jill is Angie's child and Angie is not in the home. Janet can receive a child only grant for Jill because she would not have been required to be part of Janet's "family" in month 60.

NOTE: Janet could only be included in the grant if she meets the extension criterion.

- 3: Jim and his child, Kelly, received 60 months of TANF assistance. Jim received extended benefits because he did meet an extension criterion. Jim then marries his girlfriend, Beth (not the mother of Kelly). Eligibility for the household is evaluated as if **current circumstances** (i.e. the marriage) existed in the 60th month. To continue TANF cash assistance extended benefits both Beth and Jim must meet an extension criterion.

- 4: Mrs. Beasley and her grandchildren, Buffy and Jody, received TANF assistance for 60 months. Mrs. Beasley's case was closed because she did not meet an extension criterion. She now requests a child only grant for Buffy and Jody. She cannot receive a child only grant because Buffy and Jody were included in her filing unit in month 60 and they are part of her "family".

NOTE: Mrs. Beasley could receive a child only grant for her niece, Bambi, because Bambi was not included in the assistance unit in the 60th month and she would not have been a required filing unit member had she lived in the household in the 60th month.

- 5: Carrie's 60th month of TANF was June 2006. In July 2006 it is discovered that she committed an intentional program violation while on TANF and in August 2006 her 12 mo. disqualification period is imposed; Sept. '06 - Aug. '07. In June 2007 she is in a car accident and cannot work for six months (June-Nov.). Her extension application is denied because there are not any adults coded "IN" for June 2007 or July 2007. She could reapply for September 2007 TANF and be approved, if all eligibility criterion are met.
- 6: A household consisting of Mom and three kids received their 60th month of TANF in July. They do not submit an extension application. The household (still mom and 3 kids) applies for TANF in December. Mom is now receiving SSI. The household is evaluated for December

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eligibility as if the **current circumstances** (Mom's receipt of SSI) existed in the 60th month. Since Mom would have been coded 'OU' due to receipt of SSI, if otherwise eligible, we would open a child only grant prorated from the date the HCS 250 was received. Now expand the above example to say there was also a dad in the home who also received the 60th month in July and is reapplying with the household in December. The case could only be opened if he meets extension criterion.

To change the above example again, say dad's last benefit (July) was his 55th month and he does not meet any extension criteria. Since he is the **only adult** to be coded 'IN', 'DQ' or 'DP' in the month of application and he **has not** received his 60th month we **do not** need to apply current circumstances back to the 60th month. If the household were otherwise eligible, we would open assistance for dad and three kids until he reaches his 60th month. Mom is coded 'OU' due to SSI.

AUTO-GENERATED TIME LIMIT NOTIFICATION

TEAMS auto-generates three time limit notifications to clients to ensure that timely notice requirements have been met.

1. Extension notification letter- sent in the **58th mo**. It is not a TEAMS notice that can be viewed on NOHS. Proof that it has been can only be verified by viewing **EXBN**. (To access the screen enter "EXBN" ("Extended Benefit Notification History") in the "next" field on any screen.

NOTE: TEAMS will not send the notification letter to any household for which benefits have not yet been authorized or to closed/denied households. (See next page for details on sending this letter manually-HCS-178)

2. Close -Time Limit Exhausted- A617 is sent on the **15th day of the 60th month** of assistance if TANF extended benefits have not been authorized. The Eligibility Case Manager documents the closure in TEAMS case notes.

NOTE: If an extension application is denied, the Eligibility Case Manager must send notice A204 "Denial Extension" even if the household was notified of closure by notice A617.

3. Close-Re-evaluation- A618 is sent on the **15th day of the re-evaluation month** if TANF extended benefits have not been authorized for the following month.

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NOTE: If an extension application is denied the Eligibility Case Manager must send notice A204 "Denial Extension" even if the household was notified of closure by notice A618.

HCS-178 MANUAL EXTENSION NOTIFICATION

In instances that an **automatic letter cannot be sent** or the case has been closed since the last time the letter was sent and the month of application is the 58th month or higher (e.g., the applicant has already received 60 months of assistance in another state), the **Eligibility Case Manager** will be required to notify the household using **the HCS-178** (TANF Cash Assistance Extension Notification/Application Request).

EXAMPLE: Household consists of a father and child. The father has received 25 months of TANF. The mother moves in and has received 60 months of TANF. TEAMS will not allow the case to be authorized until both adults are approved for extended benefits. The Eligibility Case Manager mails the HCS-178 to the household and documents case notes "HCS-178 sent".

The HCS-178 (TANF Cash Assistance Extension Notification/Application Request) can also be used as a tool to notify any household, that has used 48 or more months of TANF, of Montana's extension policy. However, **applications should not be made until they are in their 58th month**

► NEW APPLICATIONS 60 mo. used

When a household applies for TANF and has already exhausted their 60 federal TANF months, the Eligibility Case Manager needs to determine if the household wants to apply for an extension. If the time clock status is discovered after the applicant leaves the interview, notice X009 "Request for General Information" must be sent requesting an application for extension (HCS-175). The Eligibility Case Manager must also send HCS178 (TANF Cash Assistance Extension Notification/Application Request)

If the applicant wants to apply for an extended TANF benefits, see next page "Extension Requested"

If the applicant states either verbally or in writing that adults in the home do not meet extension criterion, notice A205 "Deny TC no ext. reason claimed" must be sent.

If instead the applicant simply fails to respond to the request, notice X200 "Deny app. fail to provide Info." should be sent. However, the Eligibility Case Manager will need to add the legal cites listed in this manual section to this notice.

In either situation the closure/denial code "TLE" should be used on the AFED screen. If an administrative extension (**ADM**) has already been issued, a CNM closure code must be used (see page 4 & 5 of this section).

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REQUESTED**

Households can request an extended benefit application either verbally or in writing. Regardless of the method, the request must be documented in TEAMS case notes by the worker receiving the request. The case note must state **what actions** the worker took.

If the request for extended TANF is made in person, the applicant should sign and submit the application(s) before leaving the office.

If the request is not made in person, the forms will be sent to the household by either the WoRC or Eligibility Case Manager with detailed instructions of what is expected. The worker who sends the forms must enter a TEAMS case note. The Eligibility Case Manager will need to send notice X009.

If the individual requests assistance in completing the extension process, the WoRC or Eligibility Case Manager must provide neutral guidance to the applicant(s). Guidance is assisting applicants in understanding the forms, explaining the types of verifications that are necessary, and the steps needed to get the verifications. Guidance does not include completing the forms for the household or telling them what to write.

The case manager (either OPA or WoRC) must offer to assist in gathering medical documentation by asking the applicant to sign a "Request for Health/ Employability Evaluation for Extended Benefits" form (**HCS-209**) for each medical provider and then the worker sends the forms with a cover letter to each provider.

**► EXTENSION
FORMS
PROVIDED**

When a request is made, either the WoRC or Eligibility Case Manager provides an application and forms for each individual coded 'A' or 'I' on SEPA with a participation code of 'IN', 'DQ' or 'DP'.

The following are the primary applicable forms at initial application. Please see the chart on page 18 for additional forms and their use.

- **HCS-250** (All Program Application), required if the effective date of closure has passed;
- **HCS-175** (Extension Application), required;
- **HCS-326** (Domestic Violence Screening Guide), for all DMV applicants
- **HCS-176** (Illness/Incapacity Determination for Extended TANF Cash Assistance), not required to be submitted but must be provided to all applicants requesting an extension for PMI, PMD or NIH;
- **HCS-209** (Request for Health/ Employability Evaluation for Extended Benefits) not required to be submitted but one form for each medical provider-for each medical must be provided to all applicants requesting an extension for PMI or PMD.

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► **NOTE:** TEAMS case notes must clearly document which case manager will be the one responsible to submit the HCS-209 with a cover letter to each medical provider. If a client refuses to sign the HCS-209s or chooses to take the forms to the medical providers themselves instead of the Case Manager mailing them with a cover letter this must also be clearly documented in TEAMS case notes.

► **CASE NOTES** Detailed TEAMS case notes are important in all cases but are vitally important in those that have exhausted or are at-risk of exhausting their lifetime limit of TANF benefits. Workers must document barriers, services and progress. Please see section **801-2 page 2-4** for guidance on the **S.O.A. P.** format (Subjective, Objective, Assessment, Plan) which should be used to document at-risk or extension case plans.

APPLICATION RECEIVED An application for extended TANF cash assistance benefits is made by completing and submitting a HCS-175 for each applicant/participant who has an adult/child indicator of 'A' or 'I' and a participation code of 'IN', 'DQ' or 'DP' on SEPA. (An HCS-250 is only required if the effective date of closure has passed.)

► **EMPLOYABILITY PLAN - EXT. PENDING** Applicants for extended TANF cash assistance **must** be referred to WORC while the application is pending. Applicant activities are generally related to gathering needed verification to determine eligibility as well as work related activities. Compliance with the plan while the application is pending or a history of sanctions are not a consideration in extension approval or denial.

PROCESSING TIME FRAMES An application is valid for 45 days from the date the application (**HCS-175** if open to TANF and **HCS-250** if not open) is received in the county office. The eligibility determination - approval or denial - must be completed within this 45-day time period. This time limitation serves to protect the applicant's right to receive benefits in a timely manner.

If there is a delay of processing beyond 45 days due to the actions of a third party that is beyond the control of the Eligibility Case Manager and/or the applicant/participant, the processing time frames may extend beyond 45 days, **if approved by central office.**

START DATE OF BENEFITS The start date of benefits on TEAMS is the first day of the 61st month for ongoing cases or the date the HCS-250 is submitted for new applications.

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Policy/Procedure**APPLICATION
DATE****An application date is only needed for new applicants or those that have been sent a closure notice due to time limits.**

The date of application is:

1. The date the **HCS-250** is received for new applicants or households that apply after the effective date of closure.
2. The date the **HCS-175** is received for closed cases where the:
 - a. effective date of closure has not passed, (**see NOTE**) or
 - b. ten days to provide additional verification extend past the effective date of closure.

NOTE: When the extension application (HCS-175) is received before the effective date of closure, an application is registered on TEAMS either using the quick registration process or using APMA. Even though a new HCS-250 is not required, the case cannot be reverted to open.

All applications must be sent to Central Office even if the county plans to deny for no verification or at client request. This is required for accurate statewide tracking.

**► FOLLOW-UP
NOTICE
SENT**

If verification of extension eligibility is not attached, The Eligibility Case Manager sends TEAMS notice **X009** "Request for General Info". The notice must list specific verification needed. If HCS-209 forms have been sent to medical providers, the X009 must state the date the forms were mailed and request the applicant contact each provider to remind them to complete and return the forms within 10 days

**FIELD
RECOMMEND-
ATION**

The Eligibility Case Manager and County Director will each give their recommendations about the approval or denial of extended benefits by completing the HCS-177 "TANF Cash Assistance Extended Benefits Referral".

NOTE: Until the HCS-177 can be updated to allow for a recommendation and signature by the WoRC Case Manager, he or she will need to attach their signed recommendation to the form. If the applicant has a recent history with WoRC, the recommendation should summarize the identified barriers and actions taken to address the barriers.

It is suggested that the WoRC Case Manager meet with the County Director to provide additional information or verification that is not available in the OPA case file.

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Policy/Procedure**COMMITTEE
EVALUATION**

The County Director will forward the completed extension application packet to:

Carol W. Carpenter
P O Box 202925
Helena, MT 59620-2925

The packet must include the front page of the HCS-250, if applicable, HCS-175, HCS 177 and all supporting documents from either the client, OPA or WORC.

To ensure the application is processed within 45 calendar days, the completed application and all verification should be forwarded to central office within **30 calendar days** from the application date. If an HCS-250 is not required, the 30 days start the date the HCS-175 is received.

A Central Committee will review all recommendations. In some circumstance central office may obtain the opinions of experts or others knowledgeable about the case before a determination is made. Central office will maintain a file with the original extension request documents. An e-mail regarding the final decision will be sent to the regional policy specialist, WoRC monitor, County Director, WoRC Case Manager and Eligibility Case Manager within **5 calendar days** of receipt.

NOTE: If central office will exceed the 5-day limit, an e-mail will be sent to the Eligibility and WoRC Case Managers and the County Director.



Attached to the e-mail will be a copy of the letter being sent to the OPA with the HCS-177 (Referral form). The letter explains the basis for approval or denial and makes recommendations for additional actions by OPA and or WoRC.

**EXTENSION
DENIED**

If the extension is **denied** by central office, send TEAMS notice A204 "Denial–Extension" and include any language suggested by central office's letter. Deny/close the case using the CNM denial/closure code. Document TEAMS case notes.

NOTE: If the case was auto-closed on the 15th with a TLE closure code, the code cannot be updated. However, the A204 must be sent even if the closure notice A617 was sent.

► FAIR HEARING

Extended benefit households may request a fair hearing for any adverse action. However, continued benefits cannot be allowed while the fair hearing is pending.

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NOTE: Continued benefits are not allowed when the department granted the benefit for a particular period of time and the contested action is the department's denial of an additional grant of benefits. TANF cash assistance is granted only for 60 months in a participant's lifetime. Extended benefits time limits are also a matter of law.

When a request for a Fair Hearing is received that is solely related to extension denial or closure due to not meeting an extension criteria, notify Carol Carpenter in Central Office of the hearing request. Central Office will conduct the hearing with assistance from the local OPA and the WoRC program.

Central Office will prepare all exhibits for the hearing, conduct the administrative review, and conduct the fair hearing if necessary. The local office will provide a space and phone for the hearing and record the hearing. The Eligibility Case Manager, County Director or WoRC Case Manager may be called to testify at the hearing.

When the adverse action is based on something other than not meeting extension criterion, follow policy outlined in section **1506 Requesting a Fair Hearing**.

EXTENSION APPROVED

When the extension application is approved by central office an e-mail will be sent to the County Director, OPA & WoRC case managers, regional policy specialist and WoRC monitor. Attached to the e-mail is a letter explaining the circumstances of the approval and suggested activities. If additional ideas are needed, the WoRC monitor or Central office staff should be contacted.

The Eligibility Case Manager will need to complete the following:

1. Confirm the household is otherwise eligible for TANF (including but not limited to the **FIA/EP** has been signed and WoRC has authorized the EMPS screen.) If there are still eligibility factors missing, the Eligibility Case Manager will need to send **notice X009** letting the applicant know the extension criterion has been met and list what eligibility requirements still need to be met before the grant can be approved.
2. Enter the appropriate extension reason code and re-evaluation on the TANF Extended Benefits (TAEB) screen;

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NOTE: The Central Office review committee will designate the re-evaluation date based on the facts in the case. The date will be listed on the HCS-177.

3. Approve benefits on the EXPD screen;
4. Send TEAMS approval notice A125 "Appr. TANF Extension"; and
4. Document TEAMS case notes.

► EMPLOYABILITY PLAN

Applicants for extended TANF cash assistance **must** be referred to WORC while the application is pending. Applicant activities are generally related to gathering needed verification to determine eligibility as well as work related activities. Compliance with the plan while the application is pending or a history of sanctions are not a consideration in extension approval or denial. When approved for extended benefits the employability plan must be modified so most participation activities directly relate to the extension reason criterion for which they qualified.

NOTE: Prior to the applicant signing the FIA/EP and/or the HCS 755 "E & T Participant-Agency Agreement" both OPA and WORC **staff must cross off** the information regarding **sanctions**. The Sanction process does not exist for extended benefit cases.

- WoRC case managers must have contact with extension participants at least bi-weekly. However, weekly contact is generally needed to assist the household in participation. The frequency of the contacts should be on a case-by-case.

► PARTICIPATION/ NON-COMPLIANCE

Extended benefit households are not subject to current sanction policy. Compliance with TANF participation activities is an eligibility requirement even if their only component code has been approved by central office to be EBI (see **701-3 Participation Components**).

When any member of the extended benefit household fails to comply with negotiated activities without good cause AND the WoRC Case Manager is not able to re-engage the participant in activities, the extended benefit case must be **closed** with 10-day notice. Send TEAMS notice A605 "Extension Non-compliance".

- **NOTE:** Even though a household cannot be sanctioned during an extension, they still have a right to the good cause process. (See section 702-2 and 1509-1). They cannot receive continuation of extended TANF benefits while the hearing is

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pending. However, if the hearing is in their favor benefits will be reinstated.

**CHANGE REPORTING/
(INFORMAL
RE-EVALUATION)**

Households that qualify for cash assistance extended benefits must be evaluated by county staff any time household circumstances change that effect the extension. Such changes might include earnings or household composition.

NOTE: Earnings of any adult approved due to a total inability to work (PMI, PMD or NIH) will cause case closure due to no longer meeting extension criterion regardless of the amount of earnings.

NOTE: Adults approved due to currently resolving a domestic violence situation are not automatically closed if they earn income or if the abuser returns to the home. However they must continue to comply with addressing the concern, e.g. continue counseling, and if the abuser is a required adult filing unit member, he or she must also meet extension criterion. (Reminder: SSI recipients are not required filing unit members/ verifications not needed.)

If the Eligibility Case Manager in conjunction with the WoRC Case Manager determines that the extension criterion is no longer being met when a change is reported, the case should be closed with timely notice. If the circumstances are questionable or continuation of the extension is uncertain, a new HCS-177 with the WoRC Case Manager and County Director's recommendations and documentation of the change in circumstances are sent to central office.

If the extension reason changes, the participant must apply for a new extension using the HCS-175. A closure notice (A614 Close "Extension ended") must be sent explaining the current extension has ended and a new application is required to determine if the household is eligible under a new criterion.

**► FORMAL
RE-EVALUATION**

Central office indicates on the HCS-177 when a formal re-evaluation is needed and the eligibility worker enters the re-eval. date on the TAEB screen. Households due for a formal extended benefit re-evaluation will be on the FIA-Renewal Report and a TEAMS alert will be generated.

TEAMS will evaluate the TAEB and EXPD screens to identify those

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re-evaluation cases for which TANF extended benefits have not been authorized. If benefits for the month following the re-eval. month have not been **authorized** by the 15th day of the re-evaluation month, TEAMS automatically closes the case and sends notice A618 "TANF Auto Close – Re-evaluation" the night of the 15th. (If the 15th is on a holiday or weekend the notice will be sent the next working day.) The Eligibility Case Manager documents the closure in TEAMS case notes.

1. The month before re-evaluation the Eligibility Case Manager contacts the WoRC Case Manager and County Director to determine a time to meet with the participant together. Then sends TEAMS **notice A033** to the participant scheduling a re-evaluation appointment for that time.
 - In the notice include a specific list of documents that need to be brought to the appointment (e.g., HCS-181, medical doc., etc.)
 - Mail the HCS-181 from the local office to the participant. It is suggested to put a screen print of the A033 notice in the envelope when the HCS-181 is mailed.
2. The **participant** completes the HCS-181 and brings it to the re-evaluation interview. (The HCS-181 is a mandatory form for re-evaluation.)
 - If the household is requesting an extension under a different criterion, they must apply for a new extension using the HCS-175. A closure notice (A614 Close "Extension ended") must be sent explaining the current extension has ended and a new application is required to determine if the household is eligible under a new criterion.

(An HCS-250 would also be needed if the HCS-175 is not received prior to the effective date of closure.)

3. The formal extended benefit re-evaluation interview is completed, and additional eligibility verification requested via notice X009.



NOTE: Participants need to continue to comply with WoRC and have an active employability plan in place.

4. The HCS 177 is completed and sent to Central office with the HCS-181 and all verifications as indicated earlier in this manual section for the original extension application. It is best to send the re-evaluation packet to central office by the 10th of the re-evaluation month.

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5. Take required action based on Central Office determination. (see process for original application approval or denial.)
6. If continued extension is denied, close case using the "CNM" closure code and send TEAMS notice A614 "Close, Extension Ended".

NOTE: If TEAMS auto-closes the case with an "OBE" code and notice A618 has been sent, the code cannot be changed but notice A204 must be sent.

CASE HISTORY EXAMPLE

- **Feb. 8** -Extension approved for 8 mos. to recover from surgery; (Formal re-evaluation due in Sept.)
- **June 13** Reports minor daughter now has income;
- **June 15** Informal re-eval. completed and no change (excluded income)
- **Aug. 15** OPA & WoRC coordinate date for re-eval. & send notice A033.
- **Sept 1** Client is a no show for re-eval. appointment & reschedules.
- **Sept. 10** Client completes re-eval. appointment and signs the HCS 181 (re-eval) and two HCS –209s (Req. for medical eval.)
- **Sept. 12** X009 sent informing client HCS 209 forms sent to providers.
- **Sept. 15** TEAMS auto sends closure notice A618 (Oct. not authorized.)
- **Sept. 20** Medical verification received;
- **Sept. 22** OPA/WORC each sign the HCS-177 & submit it to central office.
- **Sept. 24** Central office agrees with county, criteria are no longer met. Medical verif. supports she can work 10 hrs a week.
- **Sept. 26** OPA sends notice A204 (extension denial)
- **Oct. 5** Household reapplies based on change in circumstances (HCS 250 and HCS 175 needed along with all verification.)

TEAMS Screens

The following TEAMS screens are used exclusively for TANF case assistance extension cases:

EXBC – Extended Benefits Case Summary

EXBP – Extended Benefits Person History

EXBN – Extended Benefit Notice

TAEb – TANF Extended Benefits

Forms Used for At-Risk and Extension Cases

On next page – please also see page 9.

Form #	Name	Intent?	Required?	Comments/Reminders
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HCS 100	Out-Of-State TANF Benefit Verification Request	Eligibility	Required to confirm current federal time clock months	Application cannot be pended unless the client states they may have exhausted months. If OPA wants to expedite the process, send Carol Carpenter an e-mail, call her at 444-9291 or attach a note to the request.
HCS 174	Universal Notification of the TANF Family Violence Option	Eligibility/Case Management	Required to fully inform all households of the option.	Form is required for all TANF applicants and not just those at-risk of exhausting their months or applying for an extension.
HCS 175	Application for Extension of TANF Cash Assistance	Eligibility	Required for every extension application	Client must sign the bottom of the form. Must use form with Rev. 2/02 date or later. All prior forms do not match policy.
HCS 176	Illness/Incapacity Determination for Extended TANF Cash Assistance	Eligibility	Optional but strongly suggested for applicants with health barriers.	It is rare for an application to be approved without this form. NOTE: It should not be given to applicants solely requesting an extension due to domestic violence.
HCS 177	TANF Cash Assistance Extended Benefits Referral	Eligibility	Required for every extension application and re-evaluation	Until the form can be updated WoRC will need to attach their recommendation prior to sending it for County Director's review.
HCS 178	TANF Cash Assistance Extension Notification/ Application Request	Eligibility	Required only when TEAMS cannot send the auto notification timely.	TEAMS auto generates a letter to the household for the 58th month and records it on the EXBN screen. This form can be used as a tool for any at-risk household.
HCS 181	TANF Extended Benefits Re-Evaluation Form.	Eligibility	Required for every extension re-evaluation	Client must sign the bottom of the form. It is considered the re-evaluation application.
HCS 206	Request for Mental Health and Cognitive Impairment Information	WoRC Case Management for ongoing cases.	Optional to confirm abilities so appropriate activities can be assigned.	These forms are NOT to be used to determine eligibility for an extension. The wording focuses on ability and cannot be used to determine an eligibility/total inability to work. They can be used as a supplement to other medical verification used to determine eligibility such as the HCS 209.
HCS 207	Request for Work Activity Capabilities	WoRC Case Management for ongoing cases.	Optional to confirm abilities so appropriate activities can be assigned.	
HCS 209	Request for Health / Employability Evaluation for Extended Benefits	Eligibility	Optional but strongly suggested for applicants with health barriers.	To allow approval without the HCS 209 other medical verification must be very detailed or unemployability obvious e.g. Client currently in hospital.

CwC

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